

FILED DEC 20 1957

STANDARD CERTIFICATE OF DEATH

318

1003

80016-5146307
STATE FILE NUMBER

9490

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Overland 4238	
c. FULL NAME OF (If NOT in hospital, give location) 23 HOSPITAL OR INSTITUTION St. Johns Hosp				Length of stay in 1b 6 days		d. STREET ADDRESS (If outside, give location) 27 10433 Clarendon Av	
3. NAME OF DECEASED (Type or print) First Middle Last Kenneth Albert Schneider				4. DATE OF DEATH Month Day Year Oct. 10, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> XXXX DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 4, 1957	
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil				10b. KIND OF BUSINESS OR INDUSTRY nil		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13. FATHER'S NAME Kenneth A. Schneider				14. MOTHER'S MAIDEN NAME Shirley J. Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Kenneth A. Schneider 10433 Clarendon			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congenital Heart Disease (Septal defect - ventricular)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>754.2</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Cleft palate & cleft lip. Imperforate anus</i> 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>10/5/57</i> to <i>10/10/57</i> and last saw <i>him</i> alive on <i>10/9/57</i> Death occurred at <i>6:30 a. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Charles R. Doyle MD</i>				22b. ADDRESS <i>West Theatre Bldg</i>		22c. DATE SIGNED <i>10/10/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-11-1957		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.	
24. FUNERAL DIRECTOR <i>Edmann Bros. Inc.</i> 2501 Woodson Rd - Overland-14-Mo.				25. DATE RECD. BY LOCAL REG. OCT 11 57		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 409

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.